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LECTURE ON THE TREATMENT OF GUN-SHOT WOUNDS.

DELIVERED BY M. VELPEAU AT THE "HOPITAL DE LA CHARITE," PARIS, AFTER THE
INSURRECTION OF JUNE, 1848.

THE extraction of balls was formerly an operation of great moment; this is evidenced by the great number of works published on the subject, and the variety of instruments which have been contrived to facilitate the removal of these foreign bodies. Two of these instruments are well worthy of fixing the attention of the surgeon—the first is Alphonse Ferry's, which has led the way for lithotritic instruments; it still goes by the name of Alphonsine, and is very neatly contrived. It may be introduced like a forceps; the canula is then pulled out, the branches separate and keep the tissues out of the way, the ball is seized, the canula is pushed back again, and the instrument is withdrawn along with the ball. For the success of this manœuvre, the ball must be placed in a sort of cell, and very little connected with the surrounding tissues; but it happens mostly that it lodges in a sort of corner, where the branches cannot reach it, and this difficulty has given rise to a great number of other instruments. Among these, the best is certainly Percy's; it is a kind of curette, very like that which is used for lithotomy; the lower part, however, is more bent. It is carried as far as the ball, and the operator endeavors to introduce it under the projectile; but as the latter is apt to prove unsteady, Percy added to the instrument a lance, which fixes in the lead, steadies it, and allows the withdrawal of it along with the instrument. Now these contrivances are seldom used, and the reason is, simply, that in constructing them very little attention has been paid to the usual trajet of the ball. It is only in very rare cases that you will find the track to be in a straight line; and if not straight, how shall we be able to search for the ball with any of these instruments? You are aware that balls undergo more or less deviation in their course; they may even run in a circular direction; and balls have been known to enter on one side of the forehead and issue on the other, after having run round the head. It is very evident that two oblique planes coming in contact must diverge; the ball striking the forehead, for instance, must deviate; the skin adds to the deviation; and thus does its original direction go on changing, according to the more or less resistance it meets with. Another reason why instruments are little employed is, that the

ball may often be reached by the finger, and the latter is then used as a conductor for the introduction of a hook or forceps; or if the finger cannot reach it, a stilette will effectually replace it. But the track is scarcely ever in a straight line, and the ball is often situated in a plane lying sideways to the aperture of entrance; in such a case it is proper to make a counter opening; the ball may then be seized by forceps and extracted. And lastly, instruments are not resorted to, because surgeons do not think that it is indispensably necessary to remove the ball, as suppuration will detach it from the neighboring textures and cast it off; or else it may get encysted. This latter point requires a little explanation. There are many surgeons who, along with the generality of people, think that no time should be lost in searching for the ball, and they go to the length of very dangerous handling for that purpose. This is a very perilous doctrine, for we often are unable to effect the extraction, as we mostly do not know where the projectile is situated, and it would of course be extremely dangerous to search for it under such circumstances. I will just mention two facts in support of this opinion. The first of these refers to the melancholy fate of the Archbishop of Paris; the second, to a wounded man who was placed in one of my wards. The Archbishop had received a ball in the lumbar region; the track could be ascertained as far as the vertebræ, but there were no means of finding out in what direction it had continued its course; there was paraplegia, and the persons who surrounded the patient were very uneasy about the presence of the ball. An incision was made on the wound, the parts were freed, and the question then was, whether we should proceed farther. Almost all surgeons, then present, agreed that no further search should be made. Now the *post-mortem* examination has shown that this was a very wise course, for how could the ball have been followed where it had lodged? They would have had to make deep and perilous incisions in parts of vital importance. The other fact refers to the man lying in No. 8; the ball has penetrated the groin, and must have reached very deep, since it fractured the neck of the femur. No later than yesterday I carried my finger to the very bottom of the wound, and I could feel the shattered and denuded neck; but as for the ball, I could not find a vestige of it. It certainly must be lodged somewhere within the wound, but where, it is difficult to say, for not a trace of it could the finger discover. Now in order to get at the projectile, it would be requisite to make large incisions very near the articulation, and in a region full of important vessels and nerves; and as to making incisions in other parts, how could we attempt that, since we know not in what direction the ball has run? No one would think of searching with such imperfect data. This case will prove to you, that incisions have been too frequently made use of, just as was the case with the operation of trephining. There was a time when, on the slightest suspicion of any liquid effused on the brain, the trephine was forthwith applied; they used to trepan without knowing where the fluid was situated, and made nothing of boring seven or eight holes; in this case, also, dozens of incisions might be made without finding any-

thing. You see, then, that there are cases where we do not know how to find the ball, as it may have suffered many kinds of deviation. The latter will of course depend on the degree of obliquity, the curve of the bones, the angle of incidence which the ball has described, the point of the bone which is struck, and the different layers of textures which have been traversed. Another reason why we should not expose ourselves to these too often fruitless operations, is the fact, that they are hardly ever urgently called for, since it is certainly not the presence of the ball which gives rise to the untoward symptoms so often occurring in gun-shot wounds. Three days ago, in one of our wards, I removed a ball from the glutæal region ; this I did, because I perceived that a very slight enlargement of the wound would allow of extraction. If there had been the slightest difficulty, I would have waited for the natural removal of this, as I do for other foreign bodies, including splinters of bone. Remember that there is no danger in the presence of the ball, and that the extraction of it does not hasten the cure. With the patient lying at No. 8, whom I mentioned a little while ago, the suppuration, the denudation, and the necrosis of the bone would be just the same, whether the ball were there or not ; this suppuration is, in either case, situated in a very dangerous region, around an articulation, in a sort of *cul de sac*, and the removal of the ball would make no difference as to the gravity of the injury. And lastly, when the ball is lodged in soft parts, and that suppuration is not very abundant, it has a tendency to get isolated and encysted, the wound made by the entrance of the projectile cicatrizes from the fundus towards the margin, and the bad symptoms cease. From all I have said, you may therefore gather, that whilst you are endeavoring to remove the ball, either with the Alphon-sine or Percy's instrument, you must be careful of not being too eager or anxious about the extraction ; you should, in fact, proceed perseveringly only in those cases in which you know exactly where the ball lies, when there are no difficulties in the way, and when there is no necessity for large and dangerous incisions. If, on the contrary, the spot where the ball lodged is not known, if extensive incisions are required, or there is any risk of wounding important organs, it is better to make no search for it at all. You must be particularly careful not to insist, when the incisions you are about to make, in order to get room, would be situated in a non-dependent part, for the patient would be none the better for the extraction, and you would have brought on a very ugly complication—viz., stagnation of pus. I do not mean to say, in conclusion, that there is no advantage in the removal of the ball, but I *do* think that the benefit attending this course is not sufficiently marked to induce the surgeon to overlook other dangers.

On Topical Applications.—In February last I had occasion to touch on the question of topical applications, but I did not particularly dwell on it. This subject deserves a greater degree of attention, because a new element has entered into the merits of the same. This new element is no other than the temperature, and the difference of season is very likely to be connected with a difference in the value of the topi-

cal applications which we have to discuss. You have seen, of course, that all surgeons do not treat gun-shot wounds in the same way. Some use poultices (and even here there are two ways of applying them—viz., immediately on the skin, or between two pieces of linen); some use pledgets of lint, spread with ointment; others cerated and finistrated compresses; and others, finally, make use of refrigerants under three forms—1, ice, placed in a bladder, which latter is brought in direct contact with the wound; 2, continuous irrigation; 3, lint dipped in cold water. I need not speak of the topical applications which are but accidentally used. The first remark I have to offer is, that no particular difference in the progress and complications of the wounds was noticed, between the patients who had them dressed with poultices, lint, or astringents. Refrigerants are much employed at this present time; they are, in fact, the fashion now, and must, of course, have some efficacy. Still, although I do not look upon this means as useless, I must say that I do not think it so efficacious as some surgeons do. I have several times already called your attention to the reasons why some people will ascribe to refrigerants more virtue than they really possess. The undoubted effect of cold water is to diminish redness, inflammation of the skin, and even pain in some individuals; so that during the first few days there seems to be much improvement, but the inflammatory work is going on in the deeper layers, and is not visible to the eye. Suppuration may indeed become less abundant, but it is less plegmonous, and much thinner than it should be. When the twelfth or fifteenth day comes on, the surgeon is surprised that the surface of the wound is not assuming a satisfactory aspect, and that it does not continue to improve as it did at first. Thus cold water is found wanting, and other means are resorted to. Another point worthy of consideration is, that a clear notion should be formed concerning the more or less gravity of gun-shot wounds. There are a great number of them, the progress of which is perfectly simple, whatever may be the treatment employed; thus may wounds, completely running through a limb, without lesion of bone, be treated in divers ways, and all do very well; you may see dozens of such cases in the wards. When the bone has been fractured, although the danger is greater, the patients will also sometimes manage to come round under various lines of practice. We have three or four cases of this sort in the house, which are all getting on very nicely; and I used lint with some, cataplasm with others, and refrigerants with the rest. My wish is to shield you from the mania of cold applications, which has now been reigning for some time. I confess that I do not consider them of much importance; however, if they can be employed early, and when there is inflammation, much heat, or redness, they might be employed with some benefit. There is likewise some advantage in them when the weather is very hot, and when the heat of the atmosphere increases the high temperature of the tissues; they may then be agreeable to the patient and do some good. But in the winter, when the wounded fear the cold and prefer heat, do not use refrigerants, they then do more harm than good; for it is very difficult to prevent the cold fluid from moisten-

ing the parts in the vicinity of the wound ; and we expose our patients to rheumatism, pneumonia, and other dangerous inflammations. As for poultices, they have also their advantages and drawbacks. In the winter, they appear to me undoubtedly superior to other applications, because the affected parts are by them kept in a proper state of moisture and warmth, and this end is greatly to be desired in cold weather. These poultices may be made with divers substances—linseed meal, rye, oatmeal, &c. ; in short, with any meal which contains *faecula*. As for myself, I prefer linseed meal by far ; on condition, however, that it be of good kind ; but this condition, after all, applies to all medicines. Linseed meal seems to me to answer the purpose very well, because it imbibes liquids thoroughly, and contains a certain proportion of very sweet oil, which is not to be found in any other meal. It has been objected that it is liable to become acid, rancid, &c. ; but this applies to all the sorts of meal. Try to get it good and fresh, and you will have an excellent application at your command. As for myself, as a general rule, I use no other. The next point is to settle with what liquid you will make your poultice. Plain water is generally used. If, however, a very emollient poultice is required, a decoction of marsh mallow is employed ; if a sedative application is wanted, the cataplasm is made with a decoction of poppies ; so that you have your choice between a simple or medicated poultice. I will now confine myself to simple cataplasms : these may be brought into immediate contact with the skin ; or they may be placed between two pieces of linen and then applied. There was formerly a sort of antagonism on this head between two Paris hospitals, the first of these methods being strictly adhered to in one of these establishments, and the second in the other. This difference of opinion is still bearing fruits, as you may convince yourselves in observing the various manners of using poultices in the hospitals of Paris. I prefer bringing the poultice into immediate contact with the skin, for the same reason which induces me to reject wet rags, tepid water, &c. It was believed at one time that poultices were useful merely in virtue of the water they contained, and that if water were kept on the affected part, the same end would be gained as when using a poultice ; and hence the innovation of M. Mayor (cataplasms without cataplasms !) In private practice the two pieces of linen are generally used for the sake of cleanliness. I consider that the great advantage of a poultice lies in the fact of its being placed in immediate contact with the skin ; for it then gives up part of its heat, maintains an equal temperature, moulds itself to the rugosities and the wrinkles of the skin, and seems to become part and parcel with the limb. If the two pieces of linen are used, the poultice becomes flat, it presses down the prominences of the affected part, it does not penetrate between the rugosities, does not do so much good, and is far from presenting so many advantages as when the meal lies on the skin. Another question whereon there is much difference of opinion, is about the renewal of poultices. Some surgeons desire them to be changed every two or three hours, and in private practice they are generally renewed every hour. It is alleged that this is

done to prevent decomposition ; the precaution is, in so far, reasonable enough ; but it is also said that these frequent renewals secure a warm application for the part. This is a mistake ; for the poultice first yields its own high temperature to the limb, and afterwards receives heat from it ; so that the temperature is always relatively the same. Thus a poultice may remain twenty-four hours on a limb, and retain a certain amount of heat, except the member be cold. You see, then, that it does not lose its temperature, and that it is therefore useless to change it so often. As for decomposition, it is not likely to take place in so short a time, save the temperature have been very high, or the meal bad. A poultice may remain ten hours in the hottest weather ; and it is rare for decomposition to come on before twelve hours, at least, are elapsed ; so that changing twice a-day is quite sufficient. This is done in hospitals, and is indispensable ; for after twelve hours a poultice may become acrid, because the purulent matter secreted by the wound gets effused between the skin and the cataplasm ; a re-action takes place, which gives origin to a new product, which is of an injurious nature, and acts very prejudicially on the patient.

We may, then, sum up and state, first, that poultices made with plain water are the best applications for the wounds we have now to treat, until the commencement of the third period has arrived ; second, linseed meal is the best substance they can be made with ; third, it is more advisable to apply them directly on the skin than to allow a piece of linen to intervene ; fourth, they should be renewed twice a-day, and changing them more frequently would be both useless and injurious. As to cold water, recourse to it may be had when there is great inflammation, intense heat and sharp pain. This application, however, has doubtful and sometimes mischievous results ; but as these are not likely to occur during the first week, particularly when the temperature of the atmosphere is high, it may within that period be employed with some advantage.—*London Lancet.*

CASE OF OBSTRUCTION IN THE INTESTINES.

BY JNO. W. RICHARDSON, M.D., OF RUTHERFORD COUNTY, TENNESSEE.

On Wednesday, the 7th of October, 1846, I was called to see a negro boy, aged 18 years, belonging to Mr. William James. Mr. James informed me that the boy had been unwell, to his knowledge, from the Monday night previous, when he vomited occasionally, and complained of pain in his belly.

On Tuesday he was still sick, and in very much the same condition. At night he took some castor oil, but soon threw it up. On Wednesday morning, Mr. James gave him some more oil, which he soon rejected. At noon on the same day, he gave him a dose of calomel, and at 4 o'clock, P. M., I saw the boy. His appearance was quite natural, and nothing unusual was observed about him, except during a paroxysm of

pain, which returned at short intervals. His skin was warm, tongue clean, and pulse very little, if any, accelerated.

On questioning the boy, he stated, that on Sunday last he ate a parcel of hard sweet apples, was sick and had pains in his belly on Sunday night—that he had the “stinking belch” on Monday, which was followed by vomiting, severe pains in his belly, and costiveness, and that he had had no passage from his bowels since Sunday, and but a very small one then.

As he had not vomited since he took the calomel at noon, now four hours, and says he feels easier, I left him without giving any medicine, directing his master, if the calomel did not operate by 9 o'clock, P. M., to give some more oil.

Thursday, 8 o'clock, A. M. The calomel failed to operate; at 9 o'clock the evening before, the oil was given and thrown up. The dose was repeated this morning, and it was thrown up also.

The boy suffered considerably through the night, vomited frequently; had no motion from the bowels, and is complaining very much. At this moment, whilst thinking about what to do for the boy, I was sent for in great haste to see a woman, ten miles distant, who had a retained placenta. I made, however, six pills of the crumb of corn bread and cotton oil, one drop of the oil to each pill; gave one myself, and directed Mr. James to continue them, one every two hours, until I returned, unless his bowels were moved.

I returned a little after 4, P. M. The boy had taken five of the pills; had no passage. His sufferings seemed now to be almost intolerable. He complained of the most excruciating pain to the right of the umbilicus; his abdomen was swollen, tight, and unusually hard about the point where he felt most pain. His countenance was anxious, and indicative of much suffering. Pulse rapid, small and hard.

While a barrel of water was warming, I bled him, in the erect posture, until he became very faint and perspired profusely. Having seen some account of the wonderful effects of hog's lard in such cases, reported in the Southern Medical and Surgical Journal, I determined to try it. A pint was melted, and the boy ordered to drink it—he vomited worse than ever. I tried it again, but the vomiting was increased so greatly by it, that it was discontinued.

As soon as the water could be heated, the boy was put in it, and kept there until the faintness became so great that it was considered best to remove him. He was laid on the bed, and a tobacco enema prepared immediately. It is proper to remark that the common purgative enemata had been tried perseveringly for two days.

I do not know the precise quantity of tobacco which was used. I pulled a handful off of a large manufactured twist, threw it into a wash pan, and poured on it about a quart of boiling water. As soon as the water cooled sufficiently, the tobacco was stirred around in it several times, and a pint of it was thrown up the rectum. The infusion looked very strong. In a few seconds the boy complained of giddiness, and asked to get up. He was placed over the vessel, when the enema was discharged,

but nothing else. He vomited now severely; afterwards said he felt easy, and was laid back on his bed.

About 8 o'clock, P. M., I gave him another tobacco enema, which acted about like the former one; I then left him for the night to see my own family, some of whom were sick and needed attention. I directed Mr. James to repeat the tobacco enemata occasionally through the night, always observing to make the boy discharge them as soon as he became giddy and sick.

Friday morning, 9 o'clock. There has been no operation from the bowels yet; skin cold and wet; pulse small, feeble, and very rapid; occasional vomitings; less pain in the abdomen.

I asked permission to operate by gastrotomy, telling Mr. James that it was the only remedy which promised relief to his boy. Mr. James and the boy were both opposed to the operation, and as the case seemed now rather unfavorable for the success of an operation, I did not insist very strenuously.

Gave the boy a large portion of sulph. morph., and left another for him at 1 o'clock, P. M., unless he rested easy. The portion which I gave him afforded much relief for a short time only, and at the time prescribed he took the second portion.

4 o'clock, P. M. Called to see the patient; not much pain; other things about as they were in the morning. Directed the morphia as often as necessary to relieve pain and keep the patient quiet. Gave tobacco enema again, and repeated once or twice through the night.

Saturday morning, 9 o'clock. Boy much better, though he has had no operation from the bowels. He has quit sweating. Skin warm; pulse slower and fuller; abdomen neither so hard, nor so much swollen as on yesterday; slept some, for the first time; has some pain occasionally. Continue the morphia as directed before, and give another enema at night.

Sunday morning, 9 o'clock. The boy slept more last night, says that he feels quite comfortable; skin nearly as warm as it ought to be; pulse about 80; complains but little from pressure on his belly, which feels softer, and much more natural. Enemata of oil and turpentine were given to-day.

4 o'clock, P. M. Called by Mr. James's. The boy has just had some passages, and as my visit this evening was not expected, the vessel was emptied. Mr. James informed me that there was nothing unusual, except some long shreds of mucus.

From this time the boy took no more medicine; his alvine evacuations increased, and in a few days he was as well as usual.

Remarks.—This was a case of very obstinate constipation, and although there was no stercoraceous vomiting, yet it seemed to require the operation of gastrotomy, perhaps in an equal degree with the majority of cases in which the operation has been performed. I do not make this remark, nor any other, to *oppose* gastrotomy (for I doubt very much if the operation has been performed half as often as it ought to have been), but only for the purpose of more particularly directing attention to the *medical* treatment.

Is it not probable that some such cases as the one recited have been made fatal by the habitual custom of giving powerful cathartic medicines? Is it not also very probable that if I had continued to give this boy purgative medicine, he would have died? And is it not pretty certain that the change for the worse so rapidly on Thursday was produced by the croton oil? These are important questions, and much depends upon correct answers.

As to the proper medical treatment for such cases, everything depends upon knowing what causes the obstruction. Is it produced by spasmodic action of the bowels, by intussusception, or by the peculiar and unnatural condition of the contents of the bowels? These are the questions to be determined.

Having ascertained what causes the obstruction, the proper remedies will suggest themselves to the intelligent physician. The diagnosis, however, is very difficult, I will not say unattainable, but until more light is thrown upon the subject, it must often be uncertain, and sometimes incorrect. Bleeding, the warm bath and morphia, would have cured this boy in the beginning. This is my opinion.—*Western Journal of Medicine and Surgery.*

ACCUMULATION OF GRUMOUS BLOOD.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 3d, 1847, I was called to Mrs. B., age 26; stature large; complexion light, fair; habit strumous. She was in labor with her first child. The presentation and labor were natural, and terminated, after about six hours of severe pain, without any unusual symptoms. On the 5th day after confinement, she complained somewhat of the piles. On the 8th, I was informed by her nurse that she had mistaken the nature of her trouble. Upon examination, I discovered very considerable redness and tumefaction of the right labium. The inflammation had extended to the urethra, causing some strangury. I could discover little if any fluctuation in the part. Presuming upon the existence of an abscess, I prescribed fomentations and poultices. On the 11th, fluctuation was distinctly perceptible. The diseased labium was so much swollen as to cause its eversion, so as to expose its mucous membrane to the extent of three fourths of an inch beyond the external surface of the other labium. I carefully pressed upon the parts so as to turn it still more out, and introduced an abscess lancet at a point nearly one inch from the naturally external part, and about the longitudinal centre of the labium. I made the incision about one inch in depth, and nearly one in length. Black grumous blood is small quantity issued from the wound, but no pus. *No pain* had been caused by the operation. She did not even know that I had made the puncture, until I told her.

In the afternoon of the same day I was sent for in haste. She had been unable to pass urine, and her sufferings on that account were ex-

treme. After relieving her immediate suffering by the use of the catheter, I introduced into the puncture I had made in the morning a grooved director; it passed in three and a quarter inches toward the right trochanter major, without meeting with any perceptible opposition, or causing the least pain. On withdrawing the instrument, the groove was filled with black grumous blood. The existence of a large cavity, filled only with blood, was now certain. A few hours after this, clots of blood began to pass off from the puncture. The soreness and strangury diminished rapidly. The passage of these clots continued for some eight or ten days, when the whole healed up without any perceptible suppuration.

This lady has recently (June, 1848) been confined. Had an easy labor, and no untoward symptoms.

STEPHEN TRACY.

[Dr. Tracy was many years in the service of the American Board of Foreign Missions, and was stationed in some part of the Burman Empire, if we recollect rightly. He must have seen strange things in his travels, and might furnish some extraordinary notes on medical and surgical cases, which fell under his eye in those out-posts of civilization. Such papers would be gratefully received by the profession, and the pages of this Journal are cheerfully tendered him for their insertion.—ED.]

ON ARTIFICIAL TEETH.

[Communicated for the Boston Medical and Surgical Journal.]

THE art of supplying lost teeth so as satisfactorily to answer all the purposes of natural ones, and at the same time, without doing injury, to give support to and preserve those that remain, was very imperfectly understood until of late years. The very great perfection which this art has now attained, would scarcely be believed by those who are not familiar with the subject. Either partial or entire sets of teeth, scientifically designed and skilfully adapted, may be worn with the greatest ease and satisfaction; but, on the contrary, those that are ill-made and unskilfully adapted, are troublesome to the wearer, an impediment to speech and mastication, and even a greater blemish to the countenance than the want of teeth.

In the construction of artificial teeth, utility and comfort, as well as appearance, ought to be considered by the dentist. The latter refers to the successful imitation of nature in the form, color and proportions of the teeth, and especially in the shape and expression of the mouth.

Artificial teeth are retained in the mouth by three different plans.

1st. By spiral springs, attached by their ends to the pieces of the two jaws, when the set is complete, or, when the under teeth are perfect, to caps fitted to those teeth.

2d. By clasps or bands of elastic gold, passing partly round natural teeth. The clasp is attached in a part only of its length to the base; the remaining portion is left free, and springs open to receive the tooth.

If at any time the clasp does not firmly embrace the tooth, it is only necessary, to make it do so, to bend the free portions towards each other, and it will then again take firm hold.

3d. By the pressure of the atmosphere. The gum-fitting surface is so accurately fitted to the gum, that the saliva and the air are excluded, whereby the pressure of air, acting only on that surface of the teeth exposed to the tongue, holds them in tight contact with the gums. Teeth on this principle, though the most difficult to construct, are the best kind when well constructed; as they are wholly independent of any remaining natural teeth of the same jaw, and also of those of the opposite jaw. The amount of atmospheric pressure will of course be proportioned to the surface of the base, and the freedom from lateral sliding in proportion to the convexity of the gums, unless there be teeth remaining in the jaws to steady them.

The first effect, on putting in a set of artificial teeth, is, most unquestionably, great discomfort; the mouth feels filled, the speech is rendered difficult and indistinct, and mastication impossible. Yet, within a fortnight, or three weeks at most, and often within even a week, all these difficulties vanish, and the patient tells you he could not do without the new teeth. Distressing nausea is among the occasional early consequences of wearing artificial teeth; but this, also, subsides with a little patience.

To masticate well with false teeth, requires both time and perseverance; the ability being acquired sooner or later, in proportion to the aptitude of the individual; but all may acquire it if the teeth be well made.

There are a few persons, some dentists say, whose jaws are so formed that sufficient available bearing surface for the base can scarcely be found; and that there are others, again, in whom the lining membrane of the mouth is so irritable that the presence of artificial teeth cannot be borne—or, at least, without great effort. But I do not hesitate to say, if the effort be made and continued, and the teeth are good in construction, and well adjusted, success, even in the most difficult cases, will be the result. Artificial teeth must be regarded by the wearer as tools, the use of which must be learned by patient trials. The first time you take up a joiner's plane you cannot work it, nor would you expect to do so without previous practice. So with artificial teeth; you have no right to expect to masticate effectively with them, until by practice you have learned their use. I would recommend that patients, before they wear new teeth, should carefully examine them in their several parts and actions, and thus learn how they should be used, and what is to be expected of the teeth, and what of themselves, in acquiring the art of mastication. If this expedient be adopted, many ill-conceived attempts and consequent failures, productive of disappointment, will be avoided.

Nothing short of never removing artificial teeth from the mouth, should be more strongly deprecated than the habit some people have of taking them out only once or twice a week, and at other times cleaning them in the mouth. They cannot be well cleaned when in the mouth, and the surface of the mouth cannot remain healthy when perpetually covered. It must be borne in mind that the gums are covered with epithelium, and

that it is the nature of this tissue to be perpetually forming below, while it is suffering perpetual loss from its surface. The scales are rubbed off by the tongue and food. Now if the epithelium be perpetually covered by the base of artificial teeth, the formation will still go on, but the loss from the surface is retarded. The outer epithelial scales may separate, but cannot escape from the surface; they therefore accumulate under the base, and there become highly offensive. After awhile the mucous membrane is inflamed, and the development of epithelium is suspended or vitiated; the scales no longer adhere to each other to form a membrane. If the teeth be removed after the mouth has got into this condition, the surface which has been covered will be found red and vascular, and will bleed on the slightest touch. The fitting surface of the teeth will be coated with a white sebaceous matter, highly offensive.

It will be inquired at what time of life, and under what circumstances, recourse should be had to artificial teeth; how much may reasonably be expected of them, and how long they will last. Artificial teeth should be adopted whenever the want of teeth is felt; whenever articulation becomes imperfect, or when mastication can no longer be performed by molar teeth. I say molar teeth, because some persons, when the grinders are lost, masticate with the incisor teeth, in which case the incisors are soon worn down, or the upper ones are driven outwards and loosened by the lower front teeth; and thus, they, by being forced into use for a purpose for which they are not fitted, become destroyed.

If the wearer be a person of average perseverance and average conformation of mouth, he may expect to have articulation perfectly restored, and mastication of ordinary food rendered effective, by using well-designed and well made artificial teeth.

Then, as regards durability of artificial teeth. This will vary with individuals, the variation depending on the state of the saliva, the care with which they are cleaned and kept and used, but chiefly upon the material used in their construction; also, in a great degree, on the manner in which they are made, whether well or ill.

From one tooth to a complete set can be fitted in the mouth with the greatest accuracy and precision, answering most fully every purpose of articulation and mastication; and so perfectly natural in appearance as to defy detection by the closest observer, and without giving any pain whatever. To effect this, much labor and skill are required; but, when accomplished, it restores the mouth to a state equal to the natural one, and renders the patient easy and comfortable.

Ligatures should never be used to fasten artificial teeth. They should be so constructed as to be removed as easy as a glove, and yet be perfectly secure and steady in the mouth; objects which can only be obtained by a dentist who perfectly understands his profession. In all cases, very great accuracy of fitting to the model, and a correct adaptation to the mouth, are necessary.

In cases where there is absorption or loss of substance, a very great change takes place in the appearance and expression of the countenance. This absorption occurs more or less in all cases; and to ascertain the

exact extent of such loss of substance, is very important previous to supplying artificial teeth; as, on a judicious arrangement of the material, in making good such losses with artificial gum as well as teeth, where the loss is considerable, depends that perfect restoration of the features to their natural symmetry which the art of dentistry is capable of giving. By attention to the above, any degree of fullness of the lips or cheeks can be obtained, without inconvenience to the wearer.

Much has been said with respect to the comparative merits of bone or gold, as the frame for artificial teeth; some dentists using bone in every case, however inapplicable—others, using gold. The writer has important reasons for giving a preference to gold in most cases. Ivory, or the tusk of the hippopotamus, soon decomposes, and, notwithstanding the greatest care and cleanliness, will not last long.

It is, in all cases, desirable to place as little in the mouth as possible, that the articulation and mastication may be performed with more freedom. Gold, of a fine quality, can be used with the greatest advantage, as it may be thin and small in size, and yet possess infinitely more durability than ivory, which, when made thin, is soon destroyed, and therefore, from the necessity of frequently renewing it, becomes expensive.

The teeth that are usually supplied by dentists, are either natural or mineral. Natural teeth have been long employed by the most celebrated dentists, and with great success as regards appearance and utility; but with respect to their durability, the time they will last varies according to the constitution of the wearer, notwithstanding their handsome appearance when first placed in the mouth.

The experience of an extensive practice, particularly in the branch of the profession treated on in this chapter, has convinced me, that in order to introduce and secure every possible excellence in the insertion of a set of teeth, it is indispensable for a dentist to manufacture his own teeth; although this is far more expensive than to purchase them—as in case of a suit of clothes made to order, and a suit ready made—yet the difference in the fit is quite as great. I was therefore early induced to direct my earnest attention to this particular branch; and the result of several years close application, is, that I am now enabled to manufacture and set teeth composed of silicious substance, with a very fine enamel upon them which admits of every variety of shade and color, and enables me to match with the greatest nicety, both in form and color, any teeth that may remain in the mouth. They are perfectly incorrodible, and cannot be affected in any way by the saliva, heat of the stomach, or acids of any kind. In short, their durability is perfect, as they will never decay or become the least discolored, and will appear as well after ten years wear as they do the first day they are placed in the mouth.

W. T. G. MORTON.

19 Tremont Row, Boston.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.**BOSTON, OCTOBER 6, 1848.**

The Anodyne Treatment in Croup.—Everything relating to the treatment of so serious a malady as croup, is of interest to the profession. The following, from the Transactions of the Philadelphia College of Physicians, shows a successful result of treatment in the hands of an eminent and experienced practitioner.

"Dr. Parrish related the history of a case of membranous croup of a severe character, and attended with all the symptoms of approaching death, which recently recovered under his care, without an operation for tracheotomy.

"The patient was a child of 18 months old, which was attacked with what was supposed to be an ordinary catarrh, attended with a harsh, dry cough. Simple domestic remedies had been administered for several days without effect, before the doctor was sent for.

"When the patient was seen by him, the cough was 'croupy,' and the breathing obstructed to an alarming extent. On looking into the fauces, the whole back part of the throat was found lined with a thick, tenacious secretion. An emetic of two grains of turpeth mineral was immediately administered, which operated promptly, but without relief. Calomel, grs. v. was administered, to be followed by castor oil in a few hours. After the operation of the purgative, there was still no decided relief; the turpeth mineral emetic was continued regularly every four hours, and the calomel in small doses every two hours, for several days; but the disease steadily progressed, no discharge of membrane having been induced; the breathing became more distressing, and finally, the child was unable to cry; the cough was dry, and less developed, and the bronchial tubes appeared to be rapidly filling up. At this stage of the complaint, injections of assafetida and laudanum were given every four hours, solely with a view of assuaging the sufferings of the child, and all other medicines were suspended. The full effect of the opium was induced, and the jactitation and restlessness diminished, though the breathing continued as bad as ever. The child lay upon the pillow with the head thrown back, and was several times supposed to be dying, from the violence of the paroxysms of dyspnoea. The doctor left late in the evening, with directions to continue the anodyne, expecting to find his patient dead in the morning. On the morning visit, he was surprised to find that the paroxysms of extreme difficulty of breathing, had been less frequent, and that the child had slept with comparative comfort, though the respiration was still exceedingly laborious. It was found that a discharge of thick yellow mucus had begun to issue from the nostrils during the night, and on examining the throat, it was evident that the membrane lining the fauces was loosening. The bowels had also been freely moved with copious yellow dejections.

"This state of things afforded encouragement to resume the use of the turpeth mineral, which acted promptly, bringing away large quantities of thick, yellow mucus, to the great relief of the infant, who, from this time, went on improving, and recovered rapidly.

"Dr. P. had no expectation of accomplishing any permanent good by the use of the anodyne in this case, believing that the mechanical obstruction of the trachea and bronchial tubes must inevitably destroy life. It becomes a question, however, how far the dyspnoea in cases of membranous croup, may be the result of nervous spasm, as well as of a mechanical impediment to the passage of air into the lungs. It is evident that the dyspnoea is, to a certain extent, paroxysmal, and it is also true, that in many cases where death has occurred, the accumulation of membranous deposit in the air passages, as discovered on a *post-mortem* examination, has not been sufficient to produce strangulation from mere mechanical obstruction. By keeping, therefore, the system under the influence of antispasmodics and anodynes, in addition to remedies calculated to arrest the inflammation, may we not gain time, and enable the latter to have their full effect in arresting the disease, and in producing softening of the membranous deposit?

"The doctor believed that in the management of this intractable malady, we have neglected too much the use of this class of remedies. He would also take this occasion to express his satisfaction with the action of turpeth mineral as an emetic in croup. He had used it on several occasions, since it had been so warmly recommended to the College in the communication of Dr. Hubbard, of Maine, and had been highly pleased with it. It acts promptly and powerfully, without leaving behind it the depressing effects of the antimonials.

"The emetic may be repeated at short intervals, and continued as in this case, for many hours, without the risk of alarming depression."

Adulteration of Medicines.—It was both presumed and contended by the advocates of the late law of Congress, that by having an inspector of medicines at the various custom houses, the purest medicines, only, would be brought into this country, and thus life would be safer, and the liability to injury by the action of spurious or deteriorated drugs, would be in a great measure prevented. Under the operation of the law, there is no doubt at all that spurious articles may be kept out of the market; but a new class of unprincipled knaves, of domestic origin, will probably soon exhibit their adroitness in re-fixing pure imported drugs and medicines, for second and third sets of dealers; so that the real advantages to the nation in the matter, will be that our own rogues, instead of foreign ones, as heretofore, will prepare the vile mixtures for general distribution. Those kind-hearted friends of humanity, who brought about the measure, had in view a remedy for the prolonged and aggravated sufferings of the sick, through the agency of deteriorated, inert, and adulterated medicines. The motive was excellent, and meets the approval of all upright, conscientious people. Yet, unless some further measure is adopted, we may be worse off in the end, than before, by means of home-bred iniquity, which may soon begin to show itself, in Protean forms, through the whole range of the *materia medica*.

Surgery in Boston.—If the statistics of surgery in this and other cities are examined, it will be found that the measure of success in Boston is of the most gratifying character. Cases of every conceivable character

occur here; and when it is recollected that the railroads terminating in the metropolis of Massachusetts favor the visits of patients from the whole surrounding country—in fact from all New England, the Canadas and other British provinces, it may well be supposed that some very intricate and formidable operations are performed. But the reputation of Boston surgeons, after all, conduces to the concentration of this business. Very rarely, indeed, do they fail of success—and perhaps we may say never, under circumstances where life can be saved through the instrumentality of the art surgical. Our city, therefore, presents uncommon advantages for the study of surgery. It should be a subject of congratulation to the citizens of Boston, that in the most trying circumstances, requiring the profoundest acquaintance with the organic machinery of the human body, there are operators in their midst who are amply qualified for every emergency. Amputating limbs, excising superficial tumors, and the like, are not the tests of surgical ability; but opening the great cavities, securing deeply-located vessels, reducing luxations, saving parts under the aspect of impending danger, &c., constitute the *ne plus ultra* of operative surgery—and it is in such extraordinary contingencies, that the surgeons of Boston have established a well-merited renown.

Nature and Treatment of Venereal Diseases.—Having adverted, in a summary manner, to this beautifully-illustrated quarto, by H. Bostwick, M.D., of New York, the subject is resumed for the purpose of advertising to its value, as a system of practice.

As a preliminary, the anatomy of the procreative organs of both sexes, is introduced, in the fewest words, without an attempt at originality, but as a necessary preparation for a treatise on the peculiar diseases affecting their functions. Next, a discourse follows on the general character of venereal maladies. The author finds himself unable to explain the reason why man should be subject to syphilis, and none of the lower animals. They cannot be inoculated or in any way influenced by the introduction of the venereal poison into their bodies; and Dr. B. wisely makes no attempt to moralize, in explanation of phenomena which laborious researches have never explained, and no study promises to unfold. The whole of the third chapter is well drawn up, inasmuch as it contains a synopsis of the best authorities extant. Chap. IV., on primary syphilis, accompanied by an accurate plate, explanatory of primitive ulcers, beginning with pustules, must receive the approbation of the professional reader. Primary follicular ulcer and virulent bubo, are as graphic as possible, the parts being of the adult dimensions. The plates in Acton's Complete Practical Treatise on venereal diseases, are not superior to these. By contrasting the two volumes, both the matter and the manner of giving instruction, in our humble estimation, should be accorded to the New York press. Chap. XIV., on the management of gonorrhœa, embraces the combined experience of preceding writers, with the author's own views and observations, based, it is fair to conclude, upon a multitude of cases. There are few medical practitioners who could concentrate a greater amount of judicious instruction in regard to this division of the book. In the next chapter, the various medicines resorted to in the treatment, are noticed, and the medicinal value of each discussed, not to make a show of words, but to guide the practitioner.

Without attempting a minute comparison of this venereal guide, with European publications on the same family of diseases, it may be said fearlessly, that this is decidedly, and without qualification, equal to any of them.

In New York, where the author is well known, many medical gentlemen will affect to regard Dr. Bostwick's labors with a kind of contempt; but that cannot prevent the work from being spread over the land, as the fact can neither be denied nor concealed that he has produced a thorough, well-digested, systematic treatise, which far surpasses anything of the kind, on this branch of practice, heretofore attempted in this country. After making this declaration, it is equally true that faults, of a minor character, are discoverable; but they relate more to the language than to the matter. If a second edition is called for, which hardly admits of a doubt, by carefully revising the text, a multitude of expressions and phrases, that a careful scholar will readily notice, might be altered or omitted. However, as we are disposed to exhibit the best side out, we will not further advert to them, but leave them for the present in the hands of medical editors, who are requested, if this book does not meet their approbation, to provide us with a better one.

Rock Island Medical School.—Although we are gratified, as all well-wishers to medical science must be, in its general diffusion, it is still incumbent upon us to express a regret at the rapid multiplication of medical schools. A prospectus of a new one to be called the *Rock Island Medical School*, to be opened on Monday, November first, at Rock Island, Illinois, is circulating over the land, in which is set forth the peculiar local advantages of that *central* place for a great depot of the science. Rock Island, which we once visited, is on the upper Mississippi, opposite the centre of the State of Iowa. The power of conferring degrees is to emanate from Madison College, in Wisconsin—yet the new school is in the State of Illinois, which has a medical college at Chicago, and perhaps another at some other section of the Commonwealth. While honor is due to the enterprise of the gentlemen who organized the institution, which, like some others in the United States, is apparently to be an instrument for extending individual reputation, the real friends of medicine cannot in conscience be gratified with the plan.

Washington University, Baltimore.—Having abandoned the old but convenient building, on account of its distance from the focus of business, a new edifice will soon be in readiness for occupancy by this flourishing school, in Lombard, near Hanover street. “The removal of the lecture and anatomical rooms to the new building, will enable the Faculty to devote the whole of the fine edifice formerly occupied by them, to hospital purposes. The Marine Hospital, the General Infirmary, and the apartments for resident students, will continue to be used as heretofore, while a suit of convenient rooms will be devoted to *obstetric* cases.” Lectures commence on the fourth Monday of October, and continue to the 15th of March.

Prof. E. H. Barton, of New Orleans.—The public papers of New Orleans, some weeks since, made mention of the safe return to that city of Dr. Barton, who has, for various causes, been absent from his home most of the time for several years past. The failing health of Mrs. B. (since dead) compelled him, five years ago, to resign all the appointments which had been conferred on him by the profession and the public, to leave his extensive private practice, and to repair to the West Indies. Other southern residences, we believe, were also resorted to. Last year, the President of the United States urged his attendance upon the army then in Mexico, whither he repaired, remaining in Vera Cruz till after the subsidence of the vomito there. He then visited the interior of Mexico, and we are informed, on good authority, that he collected materials there, which will prove valuable statistical information respecting that interesting country. These, together with the result of his extensive researches respecting the nature of yellow fever, will, we trust, in due time, be given to the profession. We are sure that they would be gladly received—for Dr. B. has not been idle during these five years of travel, and with qualifications and opportunities such as his, his observations cannot be otherwise than valuable.

The Salutary Agents of the Sea-Coast.—In a communication in the London *Lancet*, by Thomas Hunt, Esq., on the Effects of Sea Bathing and Climate on the Human Constitution, are the following remarks, more particularly relative to the air of sea-coasts as a therapeutic agent.

"The sea air is probably the most important of these salutary agents. The rapidity with which a patient recovers from chronic disease, depends, *ceteris paribus*, upon the number of hours *per diem* during which he breathes the pure open air. If two hours in the twenty-four will restore a patient in four months, then four hours in the same period will restore the same patient in two months, and eight hours in one month. Eight hours, on an average, should be spent in the open air daily, in order that a patient may have the full benefit of the sea air; and this is no extravagant proposition, it is but the third part of the whole time spent at the sea-side. And yet, how many patients, taking half an hour's walk every fine day, and sitting for an hour or two with their chamber windows open facing the sea, suppose, in all simplicity, that they are trying the sea air. The great secret of treating disease successfully at the sea-side (scrofula especially) consists in the multiplication of contrivances calculated to keep the patient out of doors all the day long. And this is the most difficult point to accomplish that can well be imagined. It requires stratagems and schemes, and perseverance and vigilance, all of which are frequently ineffectual. Patients will submit to be drugged, and dieted, and blistered, and tortured to almost any extent, but cannot be persuaded to inhale the balmy air of heaven. One patient is weak, and cannot walk; another is 'nervous,' and cannot ride; a third is giddy-headed, and cannot bear a row or a sail; a fourth has a fair complexion or weak eyes, and cannot endure the rays of the sun; a fifth has weak lungs, and is afraid of the wind; a sixth is apprehensive that it may rain; a seventh fancies that the wind is easterly when it is blowing due west; and the rest are afraid of the cold or the heat, the damp or the dust. The health of patients visiting the coast depends more upon the success with which we are enabled to combat these prepossessions than upon the most skilful use of the *materia medica*. It is not beneath the dignity of a medical man to promote and

encourage amusements in the open air. Such a locality as this, for instance (Herne Bay), presents many facilities of this kind, among which may be mentioned a pier, stretching in a straight line more than half a mile over the sea, traversed frequently by a sailing-car, with accommodations for passengers; a green slope where scores of children may roll and romp 'from morn to dewy eve'; rustic seats for invalids who like to watch their gambols; a cricket-ground, opportunities for the practice of skittles, archery, kite-flying, botanizing, geologizing, pic-nicking, hay-making, nutting, blackberrying, or hop-gathering, each in its respective season, and a good supply of horses, donkeys, carriages, &c. Much is also gained for the invalid by encouraging broad-brimmed straw hats, blue veils and spectacles, high dresses, dishabille habits, early hours, and everything which is rational, natural, and *un-fashionable*; the sole end and aim of all being to evacuate the lodgings from morning till sunset. On the contrary, rides in close carriages, fashionable promenades at eventide, evening soirees and concerts, midnight dancing in hot, crowded, fetid rooms, theatrical exhibitions—all these, the usual elements of fashionable watering-places, are great hindrances to recovery. Half of the chronic diseases to which the English population is exposed, either result from, or are aggravated by, the artificial habits of civilized life; and half the secret of their cure consists in a return to nature. If the dissipated mind has retained in the midst of its distractions any portion of that love of the beauties of nature which is innate in all of us—for 'the young mind is always delighted with rural scenery'—it is impossible to calculate the amount of therapeutical efficacy which such a patient may find in the simple delights of the country, and the exhaustless variety of Nature's rural beauties which abound in the neighborhood, not of Brighton or of Ramsgate, but of less-frequented watering-places."

Small Feet of Chinese Females.—Dr. Parker, the great American surgeon now residing at Canton, relates the following case. Luh Akwang, an interesting little girl of Honan, 7 years of age. On the 9th February, agreeably to a custom that has prevailed in China for thousands of years, the bandages were applied "a la mode," to her feet, occasioning her excessive sufferings, which, after the lapse of a fortnight, became insupportable, and the parents were reluctantly compelled to remove the bandages, when, as the father represented, the toes were found discolored. Gangrene had commenced, and when she was brought to the hospital, on the 8th March, it had extended to the whole foot. The line of demarkation formed at the ankles, and both feet were perfectly black, shrivelled and dry, and nearly ready to drop off at the ankle joint. The left foot separated in a few days after, and, within about ten days, the right also, leaving the stumps healthy, the granulation rapidly covering the bone, and new skin forming at the edges. The friends preferring it, notwithstanding advice to the contrary, they were furnished with the necessary dressing, and the child treated at home, being brought occasionally to the hospital. The last time she was seen, the right stump had nearly healed over, the other was less advanced in the healing process. Since the occurrence of this case, I have heard, on good authority, of several others similar, a painful comment upon the cruelty of this custom to which millions in China have been subject during many centuries past. The origin of this practice has been ascribed to Tan ke, an infamous empress, B. C. 1100, who was born with club feet.

She is represented as having great influence over the emperor, whom she induced to issue an imperial edict, adopting her feet as the model of beauty, and requiring the compression of the infant female feet so as to conform to the imperial model. This account is necessarily traditionary, as it dates from a period long prior to the universal destruction of Chinese books, in the Tsin dynasty, B. C. 300. Had the custom been introduced 200 years since by the conquering Tartars, as some European writers have stated, it must have been so recorded in existing history.

Another account, furnished by an intelligent Chinese, is as follows. "The compressing of the feet of female children, tradition says commenced under the emperor Yangte, of the Suy dynasty, A. D. 605, who ordered his concubine, Pwan, to bandage her feet, and in the sole of her shoe there was placed a stamp of the lotus flower, with aromatics deposited within it, so that at each step she took there was left upon the ground the print of the lotus flower; hence the saying that her steps produced the golden lotus, and to the present day men compliment little girls with small compressed feet, by designating them the golden lotus."

The fact that none of the Chinese classics alluded to the subject is presumptive evidence that the practice did *not* exist so early as the days of Confucius. During some of the successive dynasties, the practice has been partially suspended; under the Ming dynasty, they were comparatively few, but it is very general among all, except the Tartars, in the present reign.

Medical Miscellany.—Dr. Thomas Barbour, of St. Louis, has reported a case, as he believes, of true Asiatic cholera, which terminated fatally.—A Mr. Goodwin, of New Haven, during the last three years has watched with the sick eight hundred and forty-two nights! Mr. G. is a sort of professional watcher.—The cholera continues to spread in various parts of Prussia. In Magdeburg, eleven new cases occurred on the 20th July. In Stettin, numerous persons have fallen victims to the disease, which is on the increase in Berlin; and which, it is reported, has broken out in Cologne. In St. Petersburg it is on the decrease, but it has made its appearance in the kingdom of Poland. On the 24th, there were 54 new cases in Riga, making altogether 6,256, of which 2,007 terminated fatally. The epidemic has broken out in Siberia, which, on former occasions, was free from the scourge.—There is now a vacancy in the third Dispensary District of this city, including Wards 4, 5 and 6. There is a greater proportion of Americans on the dispensary in this district than in any other in the city. A division of the district is contemplated.

To CORRESPONDENTS.—A continuation of Prof. Paine's Contributions in Physiology, and Dr. Jarvis's Case of Dislocation of the Shoulder, have been received.—Dr. H. J. Bigelow performed an important surgical operation at the Mass. General Hospital on Saturday last, the particulars of which will be given hereafter.

Readers will perceive that the Supplement of the Journal, this week, comprises part of the reading matter, instead of advertisements.

MARRIED.—Peter Beardslee, M.D., of Wolcottville, Conn., to Miss M. M. Scovill.—In Eastport, Dr. William R. Hunter, of Pembroke, Maine, to Miss Susan S. Dyer, of Boston, Mass.

Report of Deaths in Boston—for the week ending Sept. 30, 63—Males, 32—females, 31.—Of consumption, 7—disease of the bowels, 8—dysentery, 9—cholera infantum, 5—typhus fever, 3—slow fever, 2—infantile, 9—teething, 1—marasmus, 2—drowned, 1—child-bed, 1—palsy, 1—disease of the hip, 1—bronchitis, 1—dropsy on the brain, 3—disease of the brain, 1—unknown, 1—canker, 2—paralysis, 1—croup, 1—delirium tremens, 1—accidental, 1—debility, 1.

Under 5 years, 36—between 5 and 20 years, 4—between 20 and 40 years, 16—between 40 and 60 years, 3—over 60 years, 4.

MEDICAL JOURNAL ADVERTISING SHEET.

JEFFERSON MEDICAL COLLEGE.—Session of 1848-9.

THE regular Course of Lectures will commence on Monday, the 16th of October, and continue until the first day of March.

ROBLEY DUNGLISON, M.D., Prof. of Institutes of Medicine, &c.

ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MÜTTER, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Prof. of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

ELLERSLIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases are investigated, prescribed for, and lectured on before the class. During the past year more than thirteen hundred cases were treated, and nearly two hundred Surgical operations performed, in the presence of the Class, including many of the major operations, as lithotomy, amputations, &c. The Lectures are so arranged as to permit the student to attend the Medical and Surgical practice and Lectures at the Pennsylvania Hospital. After the 1st of October, the dissecting rooms of the College will be open, under the direction of the Professor of Anatomy and the Demonstrator.

Fees.—Matriculation, which is paid only once, \$5. Each Professor, fifteen dollars, total \$105. Graduation, \$30.

The number of Students during the last Session was 480; and of Graduates, 178.

R. M. HUSTON, M.D., *Dean of the Faculty,*

Philadelphia, July, 1848.

Jy 19—Oct. 10

No. 1 Girard st.

PHILBRICK & TRAFTON,

KEEP constantly on hand and offer to the Profession the following Drugs and Chemicals:—Superior Eng. Extracts of Conii, Hyoscyami, Belladonna, Taraxici, Valeriana; Sarsap., do. Comp., Colch. Rad. Acet., Colocynth Comp., Aconite, Stramonii, all manufactured in vacuo and warranted of officinal strength. Colchicum and all its preparations—viz., Root, Seed, Tincture, Wine and Vinegar. Root and Leaves of Aconite, Eng.; Sat. Tinct. Rad. Aconite, for external use; Essential Oils Ergot, Valerian, Copraiba Cubeba, Verilla, Origanum, Camphor. Eng. powdered articles of the finest quality—viz., True Turkey Rhubarb, true Socotrine Aloes, Digitalis, Squilla, Valerian, Ipecac, Jalap, Gamboge, Colocynth, Opium, Myrrh, Jamaica Ginger; Pure Creosote; Eng. Leaves of Digitalis, Hyoscyamus and Belladonna; Root of Turkey Rhubarb, Pareira Brava; Para Sarsaparilla, true; Vallet's Pills and Mass; Blue Pill Opt.; Phosphate Ammonia; Liquor Ammonia concent.; Nitrate Silver in crystals; Tart. Antim. Eng. and French, in crystals; Calomel, Eng. Hydrosublimed; Pure Croton Oil; Eng. Veratris; Graville's Counter-Irritant Lotion; Pure Cod Liver Oil, (our own preparation); Pure Sulphuric Ether; Chloroform; Spts. Lavender, comp. superior; Syrup Iod Iron; Syr. Iod. and Chloride Iron (our own); Queensville's Metallic Iron; Diarsenite Quinine; Iodide Quinine; Valerianates of Zinc, Quinine and Iron; Glycerin; Syrup Rhamn. Comp. Traiton's (our own manufacture); Succinic Acid; Ext. Cannabis Indica; Tinct. of do.; Iod. Hydrg. Potass.; Muriate of Opium, a new preparation, not possessing the objectionable qualities of the gum; Syr. Pruni. Virginiana; Do. Comp.; Sat. Tinct. Conium (Scudamore's); Cucumber Ointment; Matico; Tarragona Wine, used in Cancer, Diarrhœa, &c.; Salts Wormwood; Digitaline; Salacine; Aconite; Collodion, or Liquid Adhesive Plaster; Tinct. Wild Strawberry, Comp. (used extensively in Dysentery); Donnovan's Solution, &c. &c. All new Chemicals added to our list as soon as they appear. We keep also, Swedish Leeches; Glass Ware; Instruments; Pure Spirits and Wines, of every kind, and sold for medicinal purposes only. We intend to make our stock as complete as possible, and every article warranted to be of the quality sold for. Orders invariably filled with the best quality, unless an inferior quality is specified. Any thing not proving satisfactory in quality or price, can be returned at our expense.

June 21

J. C. NEILSON, M.D.,

SURGEON DENTIST. Office with Dr. J. F. FLAGG, 31 Winter street,

BOSTON.

Apr. 12—eplly

BENEFITS IN SICKNESS.

THE MASSACHUSETTS HEALTH INSURANCE CO., established in Boston, will contract to insure males between the ages of 16 and 65—allowances of \$4, \$6 or \$8 per week during sickness for any term from one to five years. Premiums payable annually. Office in Museum Building, Tremont street.

A. L. STIMSON, *Secretary.*

DR. G. H. LYMAN, *Consulting Physician.*

THOMAS TARBELL, *President.*

\$29—II

IMPROVED UTERO-ABDOMINAL SUPPORTERS.

The subscriber would inform medical gentlemen that he continues to manufacture his *improved* "CHAPIN's Abdominal Supporters," and they can be furnished with this instrument (which has been found so useful in cases of procidentia and prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani, &c.), viz. from \$2.50 to \$6.00, according to quality. Perineum straps, necessary in some cases (extra), at 50 cts. to 75 cents. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who have had practical knowledge of its utility:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The Supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, (post-paid) to A. F. BARTLETT,

No. 231 Washington st., Boston, op. Med. Journ. Office.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & James C. Ayer, Lowell; William P. S. Caldwell, New Bedford; Bagg & Co., Cahiottville; in Maine, Joshua Durgin & Co., Portland; G. W. Ladd and Aaron Young & Co., Bangor, Eben Fuller, Augusta, Wm. Dyer, Waterville; J. Batch, Jr., Providence, R. I.; Andrew Truax, Schenectady, N. Y.

Jan. 1—Iam.

MEDICAL JOURNAL ADVERTISING SHEET.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

THE annual course of Lectures will commence on the last Monday of October, and will be continued until the last day of February following.

FACULTY OF MEDICINE.

VALENTINE MOTT, M.D., Professor of the Principles, Practice and Operations of Surgery.
GRANVILLE SHARP PATTERSON, M.D., Professor of General, Descriptive and Surgical Anatomy.
SAMUEL HENRY DICKSON, M.D., Professor of the Theory and Practice of Medicine.
MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.
GUNNING S. BEDFORD, M.D., Professor of Midwifery and the Diseases of Women and Children.
JOHN WILLIAM DRAPER, M.D., Professor of Chemistry.

The fees for a full course of Lectures amount to \$105. Students can attend one or more of the courses, as they may be disposed, and pay only for the Lectures for which they enter. The fee for the Diploma is \$30. The Matriculation fee, \$5. The fee for admission to the Dissecting Rooms and Demonstrations is \$5. Graduates of Medicine at this Institution, and all who have attended two full courses of Lectures at the same, are afterwards admitted gratuitously. All other Graduates, of three years practice, are received gratuitously, with the exception of the Matriculation fee. Ten students are received as beneficiaries, on payment of \$20, towards the expenses of the Institution, and the Matriculation fee. They will make application to the Secretary. Board at \$2.50 to \$3.50 a week.

The Faculty have not thought it expedient to extend the period of the regular Winter session, nor to abridge the full number of their daily lectures. They do not think that such an extension of the term, or such diminution of the number of Lectures, will be advantageous to students or to the public, and for reasons set forth in their late annual announcement.

But there is a way in which a real improvement can be effected. It is the plan which has been for years adopted by this Faculty; to leave the long established winter course, with its six daily lectures, untouched, and give, *in addition*, a series of lectures in the month of October *without charge*. To the advantages of this plan the attention of physicians is asked. Commencing with the first Monday in October, and continuing until the introductions of the winter course, lectures are given each day in this Institution. No charge is made, and students, whether they are matriculants or not, are at liberty to attend. This course is wholly separate from the winter course, which is complete in itself. The dissecting rooms are open, and an opportunity afforded of commencing that important branch of duty. The surgical clinique is in operation each Saturday; the obstetric clinique commences to furnish its cases. Advantage may also be taken of an attendance on the various gratuitous institutions in the city, such as the Dispensaries, Eye and Ear Infirmary, &c.

Gentlemen desirous of information with regard to the School, will please to address their letters to Prof. Draper, Secretary of the Faculty, 364 Fourth St.

Sept 6—epf Oct 18

J. P. MAYNARD'S LIQUID ADHESIVE PLASTER, OR COTTON SOLUTION.

A new and elegant substitute for Plaster Cloth, Sutures, Bandages, &c., in surgical operations. It is also much preferable to Court Plaster and Gold Beater's Skin, being nearly the color of the skin, adhering more closely to it, and continuing pliable and unaffected by washing.

This article, originally applied to Surgery by J. P. MAYNARD, has been found by all Surgeons who have tested it, far superior and more convenient than any former means of dressing Incised Wounds. For Burns, Sore Nipples, and all excoriated surfaces, it has proved extremely efficacious. It is not acted upon by water, and adheres with almost incredible tenacity to the skin, keeping the edges of the wound closely together, and causing it to heal with hardly a perceptible scar.

Prepared after the formula of J. P. Maynard, by MAYNARD & NOYES, and for sale by them at No. 11 Merchant's Row.

apr. 26—epf

JOSEPH BURNETT,

APOTHECARY (SUCCESSOR TO T. METCALF), NO. 33 TREMONT ROW,

OFFERS to Surgeons and Dentists, the best selected assortment of Instruments to be found in the city, consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye, and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Sprung and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Poly-pus and Throat Forceps, Tonsil Instruments, &c. &c., of American, English and French manufacture.

Extracting Forceps of Chevalier's manufacture from Dr. Flagg's patterns, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, common and fine Solder, Spiral Springs, Gold and Tin Foil, MINERAL TEETH, in great variety, (much the largest assortment to be found in New England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

Instruments sharpened and repaired at short notice.

All orders from the country shall receive careful and prompt attention.

Feb. 10.—tf

CONCENTRATED CHLORIC ETHER.

Wm. B. LITTLE & Co., Chemists, 104 Hanover St., have for sale Concentrated Chloric Ether, of the same strength and quality as that distilled by them for the Massachusetts General Hospital, and which is recommended by Dr. John C. Warren, and other eminent surgeons, as being preferable to chloroform for anesthetic purposes. Also, as above.

PURE CHLOROFORM,

in any quantity, at wholesale and retail, at the lowest market prices.

June 7—tf

ETHEREAL SOLUTION OF GUN COTTON,

For Dressing Wounds, Excoriated Surfaces, &c. &c. Sold at wholesale and retail, by WILLIAM B. LITTLE & CO., Druggists, 104 Hanover street.

mh 22

DR. JARVIS'S ADJUSTER.

This newly-invented instrument for reducing fractures and dislocations—Also, single and double pad Glass Trusses, Reinhardt's manufacture, and Dr. Cutler's Abdominal Supporters, for sale by N. HUNT, Surgical Instrument manufacturer 128 Washington street.

Sept. 30.—tf

MEDICAL JOURNAL ADVERTISING SHEET.

MASSACHUSETTS MEDICAL COLLEGE.

THE Medical Lectures of Harvard University will commence on the first Wednesday in November, at the Medical College in Grove street, Boston, and continue four months.

Obstetrics and Medical Jurisprudence, by	- - - - -	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	- - - - -	JACOB BIGELOW, M.D.
Surgery, by	- - - - -	GEORGE HAYWARD, M.D.
Chemistry, by	- - - - -	JOHN W. WEBSTER, M.D.
Theory and Practice of Medicine, by	- - - - -	JOHN WARE, M.D.
Pathological Anatomy, by	- - - - -	JOHN B. S. JACKSON, M.D.
Anatomy and Physiology, by	- - - - -	OLIVER W. HOLMES, M.D.

The fees for the whole Course are collectively, \$80. Matriculation, \$3. Dissecting Ticket, \$5. Graduation, \$20. Admission to the Hospital and use of the Library are gratuitous.

The new Medical College in Grove street is of ample dimensions, and contains, besides its Lecture Rooms, a very extensive museum of Healthy and Pathological Preparations, and a complete Chemical Laboratory.

The Massachusetts General Hospital is now one of the largest, best endowed and best arranged institutions in the United States. Four of the Professors in the University are also Physicians or Surgeons of the Hospital, so that regular clinical instruction is given, and all the surgical operations are open to the Medical Students during the Lectures and throughout the year.

July 26, 1848.

Aug 2—eptl.

OLIVER W. HOLMES, *Dean.*

DR. SKINNER'S CLARIFIED COD-LIVER OIL.

THE purest article of Cod-Liver Oil is put up by Dr. Skinner, at his office, 60 1-2 Cornhill, (up stairs), and offered to the profession, to druggists and to the public generally. Price, 37 1-2 cents for small bottles; 75 cents for large do. A printed pamphlet of medical authorities, certificates, directions for using the oil, &c., accompanies each bottle. The profession and druggists supplied at the usual discount.

May 31—if

II. B. SKINNER, M.D.

Office, 60 1-2 Cornhill (up stairs).

TO PHYSICIANS.

THE Subscriber would most respectfully inform the Physicians of Boston that he has removed his store to the CORNER OF TREMONT AND ELLIOT STREETS, where he will be much pleased to see any of the Faculty who will honor his establishment with a visit. With an experience of twelve years in compounding and dispensing medicines, he hopes by constant attention to business to merit a share of patronage, assuring them that their favors shall be prepared with fidelity, of the purest materials, and by himself personally. He will be constantly supplied with all the new preparations as soon as they are out.

J. GEORGE WHITWELL, *Apothecary,*
Corner Tremont and Elliot Streets, Boston.

Nov. 10.—eptl

TO PHYSICIANS.

THE subscribers are constantly supplied with a selection of *pure medicines* for prescriptions and the use of families, which they will dispense with accuracy to all who may favor them with their patronage. Just received, a lot of pure Extract Thuraezi, prepared by a new and peculiar process. Also a small lot of Ext. Buchu, and Pareira Brava, and all other articles in common use, fresh from the manufacturer.

A constant supply of *Pure Chloroform and Sulphuric Ether*, for sale as above.

WHITE & FERGUSON, *Successors to CHARLES WHITE,*
Dec. 15—l.yr. 348 Washington st., cor. Hayward pl. Boston.

D. MOWE'S COUGH BALSAM.

THE substances of which it is composed, are those known to be most relied on for the relief of pulmonary diseases, viz: — Morphine, Sanguinaria, Emetine, Tart. Ox. Antim. et Pot., Saccharum, Spt. et Aqu., combined so as perfectly to resist the action of time, and affording to physicians and families an inestimable compound, without Prussian Acid.

Prepared by Daniel Mowe, of Lowell, Mass. Sold by himself in Lowell, and by Brewers, Stevens & Cushing, at 90 & 92 Washington St. Boston, Mass., and by many druggists in the United States.

July 26.

eptl.



RECEIVED, and the Numbers forwarded with promptness and precision to any part of the country, to all American, and the principal English Medical and other periodical publications, by T. WILEY, Jr., 20 State street, late Jordan & Wiley, the LONDON LANCET, and the British and Foreign MEDICO-CHIRURGICAL REVIEW.

March 15.—eop

REMOVAL OF THE NEW-ENGLAND TRUSS MANUFACTORY, BOSTON, MS. The subscriber has removed his place of business to No. 467 Washington Street, up beyond the Boylston Market, 4 doors from Lagrange Place, on the same side of the street of the two above named places, and his residence being at the same place, he can be seen alone the whole of the time, day or evening.

His wife, Mrs. Caroline D. Foster, at the same house, for Ladies.

Strangers in the city will please take notice the odd numbers and even numbers are on opposite sides of the street, it being 418 opposite the subscriber's residence, 467, where he will keep a full supply of Ready-Made Trusses, for Gentlemen and Ladies, Youths and Infants. Abdominal Supporters, of five or six different kinds, such as Hull's, Chapin's, Spinal, Cutler's, Fitch's, Ingalls's, &c. &c.

Ladies waited upon by Mrs. CAROLINE D. FOSTER, at the above place.

The subscriber has a Shop No. 8 Winter Street (up stairs), where he has work Manufactured and Repaired, by Wm. H. LEACH.

Aug. 23—l.yr.

JAMES F. FOSTER.

MEDICAL JOURNAL ADVERTISING SHEET.

PHILADELPHIA COLLEGE OF MEDICINE, No. 42 South Fifth, South of Walnut St.

THE regular Winter Course of instruction will be commenced on Wednesday, November 1st, 1848, and be continued for four months. A preliminary series of Lectures, including the consideration of some of the most important topics in Medicine, will be given during the month of October, commencing on Monday, Oct. 2d, by the following faculty:

Anatomy, - - - - -	JAMES MCCLINTOCK, M.D.
Materia Medica and Therapeutics, - - - - -	S. R. MCCLINTOCK, M.D., Adj. Prof.
Institutes of Medicine and Medical Jurisprudence, - - - - -	JESSE R. BURDEN, M.D.
Midwifery and Diseases of Women and Children, - - - - -	HENRY GIBBONS, M.D.
Chemistry, - - - - -	CHARLES A. SAVORY, M.D.
Surgery, - - - - -	A. L. KENNEDY, M.D.
Comparative Anatomy, - - - - -	JAMES MCCLINTOCK, M.D.
Theory and Practice, - - - - -	M. W. DICKERSON, M.D.
Prosecutor of Surgery, - - - - -	(This chair to be filled in a few days.)
	RICHARD BURR, M.D.

Fee for the full Course, \$84. Matriculation fee, only once paid, \$5. Graduation, \$30. Fee for those who have attended two full Courses in other Colleges, \$15. Dissecting ticket (optional), \$10. Perpetual ticket, \$150.

The fee for the respective tickets may be paid to each member of Faculty, or the whole amount may be paid to the Dean, who will issue a certificate which will entitle the Student to the ticket of each Professor.

To increase the means of acquiring a practical knowledge of the profession, full Course candidates for graduation will be furnished with the Hospital ticket without charge; in addition to which, Clinical instruction will be given at the College from one to two o'clock on Wednesdays and Saturdays.

The Fall Course of dissections will be commenced on the 25th of September, and continued until the 31st of October, 1848—Fee, \$5. The Winter Course will begin on the 1st of November, and continue four months—Fee, \$10. Those who take the Winter ticket will be furnished with that for the Fall Course free of expense.

In a few days the Circular will be published, and may be obtained of the Janitor of Pennsylvania Hospital, or at the College. For further information inquire of JAS. MCCLINTOCK, M.D., Dean, No. 1 N. Eleventh St., east side, first house North of Market Street.

Philadelphia, Sept. 4, 1848. Sept. 13—4t

MONS. JEAN LEDOYEN'S DISINFECTING FLUID.

MONS. LEDOYEN, a French chemist of distinction, after much research and a series of experiments has the honor of discovering a disinfecting agent of unequalled power and qualities. The undersigned would call the attention of medical and chemical men to this agent, and furnish them with it for experiments without charge.

In the sick chamber this fluid is invaluable. It will destroy the putrescent effluvia arising from the *excretions* of the bowels. By putting a quantity of the fluid in a stool before using it, whatever passes the bowels will be decomposed in coming in contact with it, preventing the diffusion of the offensive effluvia. Particularly is it useful in malignant fevers or smallpox, purifying the air, benefiting the patient, and removing the danger of infection. Bodies, after decease, may be kept weeks, if necessary, by its use, without becoming in the slightest degree offensive.

It is superior to chloride of lime or of soda, as the gases arising from these are very offensive, and sometimes injurious, while this preparation will destroy offensive smells without leaving any of its own.

The contents of the bottles are prepared for sick rooms and local applications, such as erysipelas, fever sores, ulcers, burns, scalds, chilblains, &c. Price 50 cents.

For sale by the gallon also, for disinfecting purposes wholly, such as water closets, privies, cess pools, steerage of ships, &c. By an application of this fluid, merely sprinkling the sides and surface of vaults, all unpleasant effluvia is at once destroyed. The virtues of this preparation are not impaired by age or exposure, and it will keep in any climate.

For further particulars, we refer to our pamphlets which may be obtained of us or our agents.

POULIN, ROGERS & KEENEY,
39 Merchants Exchange, New York.
June 7—eoptf

T. R. HAWLEY, Agent, No. 97 Washington St.—Boston.

LESSONS IN AUSCULTATION.

DR. BOWDITCH proposes to have two classes of private pupils in Auscultation, during the ensuing six months, the period of his service at the Mass. General Hospital. If any wish to enter the class during the first three months, they will please procure tickets at Mr. Burnett's Apothecary Shop, or between one and two P.M., any day, at the residence of Dr. Bowditch, 8 Otis Place. In addition to clinical instruction at the Hospital, Dr. B. will visit two other large public Institutions, and will have recitations, &c., at his own house.

Sep. 6—ep2weop2w

Aug. 30, 1848.

OBSTETRICAL INSTRUMENTS.

Or the latest and most approved patterns, in cases, or singly. The cases include *Forceps*, *Vectes*, *Perforating Scissors*, *Blunt Hook* and *Crotchet*, *Bedford's Guard*, *Placenta Forceps*, &c.

Also, a full assortment of *Amputating*, *Trephining*, *Autopsy*, *Dissecting*, *Dressing*, *Eye*, *Tonsil*, and all other Instruments used by Surgeons. For sale on favorable terms by JOSEPH BURNETT,

May 17—1f

No. 33 Tremont Row.

TO PHYSICIANS.

A YOUNG physician now practising in New York City, wishes to associate himself with an elderly and well-established practitioner, in some growing country village in the vicinity of Boston, Mass. The advertiser has been five years in practice, during which time he has been connected with some of the first hospitals in the country. After a time he would purchase the senior physician's real estate, if he wished to dispose of it, at a fair valuation. For particulars, inquire at this office. Sep. 20—eoptf.